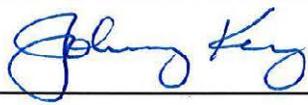


APPLICATION COVER SHEET  
SCHOOL IMPROVEMENT GRANTS

<p>Legal Name of Applicant: Arkansas Department of Education</p>	<p>Applicant's Mailing Address: Four Capitol Mall 305-B Little Rock, AR 72201</p>
<p>State Contact for the School Improvement Grant</p> <p>Name: Rick Green</p> <p>Position and Office: SIG Program Administrator, Federal Programs</p> <p>Contact's Mailing Address: Four Capitol Mall Mail Slot #26 Little Rock, AR 72201</p> <p>Telephone: 501-682-4373</p> <p>Fax: 501-682-5136</p> <p>Email address: rick.green@arkansas.gov</p>	
<p>Chief State School Officer (Printed Name): Johnny Key</p>	<p>Telephone: 501-682-4203</p>
<p>Signature of the Chief State School Officer: X </p>	<p>Date: 4/15/16</p>
<p>The State, through its authorized representative, agrees to comply with all requirements applicable to the School Improvement Grants program, including the assurances contained herein and the conditions that apply to any waivers that the State receives through this application.</p>	